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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/723,339 11/27/2000 PAT 6,614,522
which is a CON of 09/264,461 03/08/1999 PAT 6,152,889
which is a DIV of 08/706,663 09/06/1996 PAT 5,879,310
which is a CIP of 08/525,390 09/08/1995 ABN
and is a CIP of 08/525,942 09/08/1995 PAT 5,879,367

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 17	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

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TITLE

Body fluid sampler

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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